

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	1/10
FORMALITY REVIEW	AM	917	01-21-01
RESPONSE FORMALITY REVIEW	Zm	927	06/21/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/27/03
2	✓	✓	11/10/04
3	✓	✓	11/10/04
4	✓	✓	11/10/04
5	✓	✓	11/10/04
6	✓	✓	11/10/04
7	✓	✓	11/10/04
8	✓	✓	11/10/04
9	✓	✓	11/10/04
10	✓	✓	11/10/04
11	✓	✓	11/10/04
12	✓	✓	11/10/04
13	✓	✓	11/10/04
14	✓	✓	11/10/04
15	✓	✓	11/10/04
16	✓	✓	11/10/04
17	✓	✓	11/10/04
18	✓	✓	11/10/04
19	✓	✓	11/10/04
20	✓	✓	11/10/04
21	✓	✓	11/10/04
22	✓	✓	11/10/04
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25	✓	✓	11/10/04
26	✓	✓	11/10/04
27	✓	✓	11/10/04
28	✓	✓	11/10/04
29	✓	✓	11/10/04
30	✓	✓	11/10/04
31	✓	✓	11/10/04
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42	✓	✓	11/10/04
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44	✓	✓	11/10/04
45	✓	✓	11/10/04
46	✓	✓	11/10/04
47	✓	✓	11/10/04
48	✓	✓	11/10/04
49	✓	✓	11/10/04
50	✓	✓	11/10/04

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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